

ATTACHMENT A

Owner's Report of Completion of Repairs and Exigent Health & Safety Items Owner's Plan for Completion of Repairs (Itemized List of Corrective Actions Taken & Plan for Corrective Actions to be Taken)

Development Name: _____

Inspection Date: _____

MSHDA #: _____

LIHTC #: _____

Submission #: _____

Address: _____

Item	Specific Location of Deficiency (Unit/Common Area/ Building Address/ Grounds/System)	Level (EHS, H/S, L3, L2, L1, or "M" for MSHDA)	Description of Deficiency	Planned Corrective Actions <u>To be Taken/Date</u>	Completed Corrective Actions Taken/Date	Meets UPCS/ MSHDA Standard (Yes or No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Under penalties of perjury, the undersigned certifies that the information presented in this Certification is true and accurate to the best of their knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in noncompliance.

All of the foregoing statements, as well as the date, signature and identifying information of the signer and the Property Owner that follows, are HEREBY CERTIFIED as true and accurate this _____ day of _____, 20__.

Owner or Owner's Authorized Representative

Signature: _____

Print Name: _____

Title: _____

Company Name: _____